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# From Fieldwork to Facts to Firearms Control

Research and advocacy towards firearm control  
legislation in South Africa: A case study



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firearm control legislation in South Africa:  
A case study**

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**August 2005**

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## Abbreviations

ANC	African National Congress
CAPFSA	Child Accident Prevention Foundation of Southern Africa
CHPI	Child Health Policy Institute, University of Cape Town
GCA	Gun Control Alliance
GFSA	Gun Free South Africa
NCPS	National Crime Prevention Strategy
MPs	Members of Parliament
MRC	Medical Research Council of South Africa

## **Summary**

Children in South Africa have special protection under the Constitution - they have the rights to life, health, and protection from violence. Firearm injuries contribute significantly to the high incidence of deaths and injuries among children in the 5-18 year-age group. They are the leading cause of death in young South African males in their late teens and also feature in trauma-related causes of death in children younger than five. These statistics reflect a long history of gun violence in South Africa that is impacting significantly on our young democracy.

The Firearm Control Act, the new law aimed at reducing the use and distribution of guns in South Africa came into effect on 1 July 2004. It was the culmination of a lengthy law reform process that spanned over ten years and to which numerous players within government and civil society contributed.

This case study is about the participation of the Child Health Policy Institute (CHPI) in a law reform process ultimately aimed at reducing firearm injuries and deaths in the country. The CHPI, the forerunner of the Children's Institute, was an academic policy research organisation at the University of Cape Town, established specifically to span the bridge between the research and policy environment.

This paper briefly describes the political context in which the project was initiated, the research on firearm injuries and deaths in children conducted by the CHPI, the communication of the research findings, the CHPI's participation in the law reform and advocacy process, and the lessons learnt in trying to bridge the gap between research and law reform.

### **Background to South Africa's problem of gun violence**

In the early 1990s the high incidence of firearm deaths and injuries in South Africa gave rise to a vigorous civil society campaign for stricter firearms control and a national government policy and law reform process towards stricter firearm control. This policy reform process culminated in the new Firearms Control Act of 2004, which replaced the ineffective and outdated Arms and Ammunition Act of 1969.

The need for tighter firearms control was first taken up in 1994 by a civil society organisation called Gun Free South Africa (GFSA). In response to GFSA's calls for stricter gun control and the social and political dangers to the country due to the proliferation of guns and rising incidence of gun-related deaths, the government initiated a process of examining existing firearm control legislation and looking at ways of improving the law.

The work towards stricter gun control undertaken by the CHPI is analogous to the part played by one instrument in a very large orchestra. Major players on the side of the State included the Secretariat for Safety and Security, the National Crime Prevention Centre, the South African Police Services and the Parliamentary Portfolio Committee on Safety and Security. The major players in civil society were led by GFSA and campaigned collectively under the banner of the Gun Control Alliance (GCA), an alliance established by GFSA and composed of over 800 individuals and organisations that supported the call for stricter gun control. Outside the orchestra was a small but vocal and powerful minority grouping – the pro-gun lobby – that included the gun manufacturing industry, gun owner associations, individual gun owners and

hunters. While they were vocal, they were unable to compete against the orchestra representing the majority of South Africans.

### **The specific research and advocacy role of the CHPI**

The role of the CHPI as an academic institution within the GCA was to produce evidence on the extent and characteristics of gun injuries to children, and to use the evidence within an overall advocacy strategy to contribute towards the development of the law.

In 1998 the Child Health Policy Institute released a research report that described firearm injuries to children in the metropolitan region of the Western Cape Province (a largely urban province, with one of the highest crime rates in the country).

The research confirmed a rising number of firearm injuries among children, the majority of whom were adolescent males living in areas where poverty, drugs and gang-related activities were rife. A significant number of injuries were among younger children caught in the crossfire of disputes both within and outside their homes. Collateral information confirmed that a significant portion of illegal guns were obtained through theft from the pool of legally-owned guns.

The research report was widely distributed as part of an extensive communication and advocacy strategy, and strategic collaborations were forged with other academic and civil society organisations. Part of the strategy was to join and form a strategic alliance with the GCA to identify allies on the Portfolio Committee on Safety and Security and also within other parliamentary structures, and to ensure press coverage of the research and related events.

The principles underlying the communication and advocacy strategy were that:

- *Good data* from a credible academic institution would carry weight with the executive decision-makers and members of Parliament (MPs).
- *Teaming up* with service providers who treated children with gunshot injuries would provide the real picture behind the statistics.
- *Highlighting the plight of children as innocent victims of violence* would stir the emotions of politicians and persuade them to want to do 'the right thing'. Emphasis had to be placed on *children's rights* and specifically on their right to life, health and safety.
- *Forming strategic alliances* with the GCA would increase the chances of our research and key messages being taken up by partner organisations, thus ensuring wider dissemination and use.
- *Focusing on a limited number of key messages* relating to areas in the Bill that we most wanted to change, these being the areas in the Bill that could potentially benefit children and their caregivers the most.

## **The impact of the research and advocacy**

The impact of the work of the CHPI, whilst it cannot be viewed in isolation, is captured in the fact that the research was one of the studies cited in government's "fact book on firearms" that was launched alongside the new policy on stricter gun control. In addition, the research findings were used in submissions of other academic and civil society organisations. The most important outcome was that 80% of the recommendations of the GCA (and therefore also the CHPI) were incorporated into the Bill. This victory must be credited to the phenomenal co-ordination and mobilisation strategy of the GCA and the various research and advocacy contributions from all alliance members.

A number of factors contributed to this positive outcome. The first of these was that the research was conducted at the right time, and its availability was therefore very timely. It was aided by the nature of the CHPI as an organisation that specifically identified research projects that had the potential to contribute to policies that could benefit children. The CHPI's advocacy officer, with the necessary knowledge and experience of parliamentary advocacy was instrumental in ensuring that the CHPI research findings were fed into the policy process.

## **Lessons learnt**

Valuable lessons were learnt along the way, and some known advocacy principles were reinforced. The first is that advocacy supported by sound research evidence is a winning combination. Secondly is the fact that strategic alliances lead to a synergistic effect. Thirdly, that research on its own is unlikely to influence the policy process and that it has to be encased within a broader strategy if we want to maximise its potential impact on policy and law reform. Finally, although it is certain that the research and advocacy did make a contribution to the policy and law reform, it is not possible to know the extent to which it ultimately swayed the policy-makers. Therefore timely evaluation to reflect on these processes soon after completion is crucial as memories fade and people move on if postponed for too long.

## **Conclusion**

Preliminary statistics show that a large number of illegal firearms have been handed in at the beginning of 2005 due to the government's amnesty period for the voluntary handing in of illegal firearms and ammunition. While the law has only recently been put into effect, and therefore the impact of the law reform cannot yet be measured, a decline in child firearm injuries at a large children's hospital in the study area has been observed over the past two years. The extensive media coverage that the GCA and government campaigns generated can be said to have shifted public mindset towards responsible gun ownership and gun usage. This reiterates the point that research on its own is unlikely to influence policy and law reform. However, when encased within a broader strategy, its potential impact can be maximised.

## **1. Introduction**

Firearm injuries and deaths are major contributors to the high incidence of deaths and injuries in children in the 5-18 year age group and are the leading cause of death in young males in their late teens in South Africa. These statistics need to be understood and addressed within the broader context of the history of firearm violence in South Africa.

In the early 1990s the high incidence of firearm deaths and injuries in South Africa gave rise to vigorous campaigns from civil society organisations for stricter firearms control, and a national government policy and law reform process towards stricter firearms control. This policy reform process culminated in a new Firearms Control Act to replace the ineffective and outdated Arms and Ammunition Act.

This paper considers the role and impact of a research and advocacy project of the Child Health Policy Institute (CHPI) – a policy research organisation and the forerunner of the Children's Institute located at the University of Cape Town – within this national law reform process in South Africa. The paper describes the political context within which the project was initiated, the research findings and how these were distributed, the law reform process, advocacy strategy and reflects on lessons learnt.

## **2. Background to South Africa's problem with gun violence**

South Africa's Firearm Control Act came into effect on 1 July 2004. The new legislation was the culmination of a lengthy law reform process that spanned over ten years, with contributions from numerous players within government and civil society. The process began in 1994 with a civil society-initiated 'gun free South Africa' campaign, urging people to hand in their guns to the authorities for destruction. The Minister of Safety and Security declared a 24-hour amnesty period in response to the campaign and a total of 900 guns were handed in across the country. This campaign was the first event that put the issue of gun control on the South African socio-political agenda (Kirsten 2004:3; Duncan 2002:3).

Ten years later in 2005, the Department of Safety and Security instituted a nation-wide firearm amnesty over a period of three months and 46,190 illegal and legal guns were handed in (South African Police Service 2005). The amnesty has been such a success that it has been extended for a further three months. Furthermore, the 2005 amnesty was the first effort to drive the implementation of the Firearm Control Act, and to make it work towards the reduction of firearm injuries and deaths in the country. The government issued a statement to the public that once the second three-month period has expired, the Firearms Control Act will be used to "pursue vigorously those unlawfully in possession of firearms" (South African Police Service 2005).

Since the new Act came into effect on 1 July 2004, applications for firearm licences have dropped drastically. In the past about 14,000 new firearm licence applications per month were processed. The number of applications per month is now only a few hundred (personal communication, Margie Keagan, Gun Control Alliance, 13 May 2005). These statistics reflect a major shift in attitude in South Africa from the very loose controls around gun ownership in the 1990s, towards more responsible gun ownership and stricter gun control.

South Africa has a very long history of politically-motivated gun violence. It stems from the colonial era where guns were used to control and subsequently rule the indigenous peoples of South Africa. It featured prominently in the apartheid era, where racial segregation and racially-based laws enabled the white minority to control the black disenfranchised majority, often using violent methods that included firearms. Many civilians, including young children, were killed and maimed during this period. The armed struggle against the apartheid regime primarily used illegally-obtained guns and other weapons that came across the borders of the country, and in turn there was a cross-border flow of weaponry from the apartheid regime to illegitimate regimes in neighbouring countries.

While political violence was raging, criminal activity was also rife and many people were dying from gun-related criminal violence. One of the major sources of guns for criminals was legal firearms stolen from their legal owners. Obtaining a licence to own a gun legally was easy if you were white and impossible if you were black. There was no limit on the number of firearms that one person could legally possess, no proper assessment of a person's psychological fitness or propensity to violence, and ineffective enforcement of safe storage regulations.

Hence, a long history of politically-motivated gun-related violence and easy access to guns for criminals preceded the onset of the democratic dispensation. While politically-motivated gun violence abated after 1994, the rising rates of poverty, unemployment and the illegal drug trade resulted in an increase in criminally-motivated gun violence. Part of this unfortunate scenario was the fact that since the early 1990s, increasing numbers of children were injured or killed through violent acts involving firearms. This apparent increase was reported quite extensively in the media, but no empirical evidence was available to support the media perceptions.

### **3. Describing the orchestra playing for stricter gun control**

The need for tighter firearm control was first taken up by GFSA in 1994. In response to calls for stricter gun control and the dangers caused by the proliferation of firearms to the country's stability, the government initiated a process of examining existing firearm control legislation and looking at ways of improving the laws.

There are several different models of policy development. These include the stages model (where a series of discreet steps are taken within the policy process), the multiple streams model (where a series of seemingly unconnected processes flow together at an opportune moment to interact and contribute to a policy reform process) and the incremental model where policy-makers focus on making a few small changes to existing policy/laws (Walt 1994). In policy development processes, one – or a combination of the three models – is applied.

The stages model has an inherent order in it which implies that the stakeholders were goal driven and worked in an organised and coherent method to achieve the goal. The multiple streams model implies less order and more co-incidence. The case study that is described here adhered more closely to the stages model of policy development. It began with the identification and characterisation of the problem, moved on to a process of weighing up the various policy options, then selecting and developing the best policy option(s) to address the problem, and ended with the implementation of the preferred policy response to the problem. The final stages of monitoring progress of implementation and evaluating the impact of the

policy/law have only just begun. Multiple role-players are usually involved within each stage, with certain role-players dominating at different stages, and research and advocacy both playing an important role within each stage.

Analogous to the stages model is the idea of an orchestra playing a concerto. A concerto usually has four movements which are cyclical. Within this analogy, the CHPI's work towards stricter gun control can be compared to one instrument playing its part in a very large orchestra. The contribution of the CHPI towards the goal of stricter gun control was one of many made by many individuals and organisations from across the country. In recognising that all contributions, big and small, count within a process as complex as reforming firearm legislation, this case study describes the role of the CHPI within the orchestra that successfully played together to ensure stricter gun control through law reform.

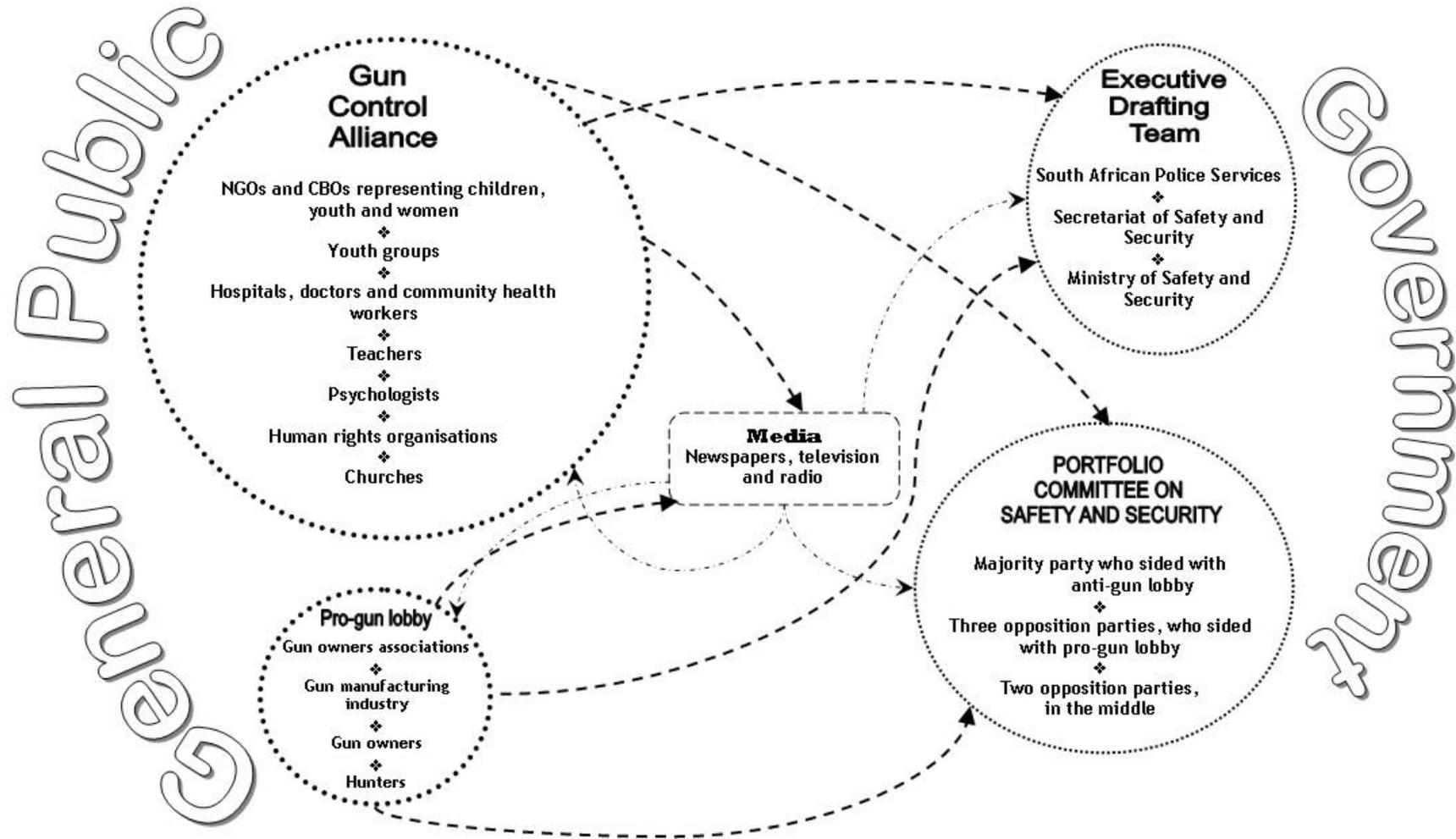
The orchestra had various players since 1994 and is made up of both State and civil society individuals and organisations (see the diagram on the next page). Major players from the State included the Secretariat for Safety and Security, the National Crime Prevention Centre, the South African Police Services, and the Parliamentary Portfolio Committee on Safety and Security. In the early years of the campaign, from 1997 until the end of 1999, the Secretariat for Safety and Security led the State in the policy and law reform process towards stricter gun control.

The major players in civil society were led by GFSA and campaigned collectively under the banner of the Gun Control Alliance (GCA). The founders of GFSA, who were members of the religious sub-committee involved in implementing the peace accord that gave birth to democracy in South Africa, initiated a country-wide campaign urging civilians to hand in their guns to the authorities for destruction in 1994. The aim was to remove guns from the streets and move South Africa away from violence towards peace. This campaign was the first event that put the issue of gun control on the South African socio-political agenda (Kirsten 2004:3; Duncan 2002:3).

The GCA, established by GFSA, is a broad alliance of individuals and organisations that support the call for stricter gun control. It includes churches, youth groups, women's groups, community-based organisations, human rights organisations, academic institutions and service providers. The academic and research institutes, individually and as members of the GCA, made a variety of contributions to the campaign, ranging from research to drafting of the law to advocacy. These included the Institute for Security Studies, the Centre for the Study of Violence and Reconciliation, the Medical Research Council, the Institute of Criminology and the Child Health Policy Institute. The role of the CHPI as an academic institution within the alliance was to produce evidence on the extent and characteristics of gun injuries in children, and to use the evidence within an overall advocacy strategy to contribute towards the development of the law.

Outside the orchestra was a minority grouping – the pro-gun lobby. This grouping was small but vocal and powerful and campaigned very hard to drown out the orchestra's concerto. However, the anti-gun movement was made up of too many people committed to saving lives and creating a non-violent society, and could not be silenced. For more information on the Gun Control Alliance and the complexity of the policy reform process, see Kirsten (2004).

# ROLE PLAYERS IN THE FIREARMS CONTROL BILL PROCESS



## **The specific role of the CHPI**

South Africa has signed and ratified the UN Convention on the Rights of the Child and children's rights are enshrined in the Constitution. The academic sector is one duty-bearer that can contribute to the realisation of children's rights by making available the most up-to-date evidence that can inform the development of policies, laws, programmes and practices to enable the realisation of children's rights

The CHPI was initiated specifically to span the area between the research and policy environment. The mission of the CHPI was to ensure that sound research findings inform and support health policy, legislative and programme reform and development for children. Its ultimate purpose was to improve the health of children in South Africa. Most of the research and related activities of the CHPI were selected with the express purpose of contributing to the reform or development of national policies and laws. Each research project was followed by an explicit set of communication and advocacy activities to enhance the potential impact of the research on the policy process.

As part of its mandate as a policy research institute focusing on children's rights, the role of the CHPI in the orchestra was thus to contribute sound evidence on children to inform the legislative process, as well as linking the evidence to a collaborative advocacy strategy, conducted by the GCA in collaboration with a large number of other players.

## **4. The research agenda within the legislative process and the role of the CHPI**

In 1994, the initiators of the GFSA campaign recognised that the proliferation of guns in South Africa was one of the biggest threats to the emerging democracy and set about putting the issue on local and national agendas (Kirsten 2004:3). When the campaign got off the ground, the need for reliable statistics and studies on the proliferation of guns and the effects of gun violence was identified. In 1997, various research projects were initiated by the government and civil society to gather the necessary information.

In the early 1990s the number of media reports on children injured by firearms appeared to be escalating, and doctors treating children at a large children's hospital in Cape Town reported an increase in the number of children with gun-related injuries. This prompted researchers at the Child Health Policy Institute to identify the need for a more in-depth investigation of this apparent trend in the Cape Town metropolitan area. The researchers were also aware that there was a national policy and law reform process underway and that the research therefore would be useful to inform decision-makers.

This decision by the CHPI coincided with the research needs of the National Crime Prevention Strategy (NCPS) within the Secretariat on Safety and Security. The NCPS identified the need for research on the impact of violence against women and children as a priority. The Medical Research Council of South Africa (MRC), a statutory research body, received funding from the NCPS to set up a national injury surveillance system. The MRC subcontracted the CHPI to research the epidemiology of firearm injuries in children in the Western Cape Province, one of

the provinces with the highest violent crime rates in the country (Chetty 2000:22).<sup>1</sup> This study was intended to provide baseline information for future trauma surveillance.

The CHPI researcher involved in this study kept in touch with developments around the Firearms Control Bill process to ensure that the research methodology and findings would be relevant and useful to the policy process. Once the research was completed, the findings were translated by the researcher and the CHPI's advocacy officer into formats that were suitable and accessible to the different role-players involved in the policy reform process. Once the law reform process began in earnest, the advocacy officer became an active GCA member and took on the task of representing the children's sector within the alliance. The advocacy officer had the dual role of championing the clauses in the draft law that had the potential to improve the situation of children, and of participating in the GCA as an active member of the parliamentary liaison team.

In 1998 the CHPI released its research report that described firearm injuries to children in the metropolitan region of the Western Cape. The report confirmed the suspected rise in firearm-related injuries in children living in this area and was the only piece of research at the time that provided a comprehensive picture of firearm injuries in children in a large metropolitan region of the country. Additional research on the impact on children became available at a later stage of the process.

## **5. The research**

This section describes the specific research undertaken by the Child Health Policy Institute in more detail.

### **a. The research method**

The study design was a cross-sectional descriptive study that covered the period 1992 to 1996 (Wigton 1998). This time interval was chosen as the escalation in firearm injuries was first noted in the early nineties. Records of children admitted with firearm-related injuries or deaths to all the major hospitals in the public sector in the Western Cape metropolitan region were reviewed. All firearm-related injuries and deaths at the hospitals during the period of review were identified and described. Additional mortality cases that did not present to hospitals first were collected from mortuary data. In addition a number of key informants were interviewed to obtain collateral information to augment the study findings.

### **b. The research findings**

The key research findings were elicited from the primary data collected, as well as from collateral sources. The main findings are summarised in the table on the next page. The findings confirmed a rising number of firearm injuries in children, the majority of whom were adolescent males living in areas where poverty, drugs and gang-related activities were rife. A significant number of injuries were in younger children caught in the cross-fire of disputes either within or outside their homes.

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<sup>1</sup> In 1998, the Western Cape had the fourth highest number of murders committed with a firearm.

It suggested the need for a set of criteria to determine eligibility for gun ownership to prohibit children from owning guns and to prevent anyone with a history of, or inclination towards, violent behaviour from obtaining a firearm license. Collateral information confirmed that a significant portion of illegal guns came from the pool of legally-owned guns through theft. Therefore, it makes sense that reducing the number of legally-owned guns would result in a reduction in illegal guns.

**Summary of research findings 1992 – 1996**

<b>Main findings from primary data collection</b>	<b>Main findings from collateral sources</b>
<ul style="list-style-type: none"> <li>• The total number of children and youths who were victims of firearm-related incidents was 1,736 (these only included children that were seen at a hospital or were identified in mortuaries). Of these, 322 (18.5%) died. One out of five victims either died or was permanently disabled.</li> <li>• Firearm-related injuries in children and youths (ages 0-19) increased from 142 (20.2/100,000 person years) in 1992 to 421 (58.1/100,000 person years) in 1996, thus depicting a three-fold increase.</li> <li>• The majority of the victims were 'coloured' males, from specific residential areas in the 15-18 years age group and were related to gang involvement.</li> <li>• A quarter of the victims aged 15-18 years had blood alcohol levels indicating intoxication.</li> <li>• Ninety-three percent of deaths were due to homicides.</li> <li>• In 52% of cases seen at hospitals, it was not known where the child was injured. However, in cases where the place of injury was known, the most common places were on the road or pavement and inside the child's own home.</li> <li>• The majority of cases in the younger age groups were due to them being caught in the crossfire of gang-related or interpersonal feuds.</li> </ul>	<ul style="list-style-type: none"> <li>• 30,000 legal weapons were stolen in South Africa each year.</li> <li>• There had been a proliferation of illegal handguns. Many of these were stolen from legal gun owners.</li> <li>• An increasing number of gun-related trauma cases were seen in the paediatric emergency section of the Red Cross Children's Hospital in Cape Town.</li> <li>• There were major problems with the criteria for firearm ownership and the unlimited number of firearms that one person could own.</li> </ul>

**Source:** Wigton 1998

**c. Key research messages**

The key themes and messages that emerged from the research were that the extent of the problem of firearm injuries of children in a large metropolitan area of the country was of significant concern. This was borne out by the empirical data that the study produced, demonstrating escalating incidences of firearms injuries and deaths in children. Of concern was the particular vulnerability of adolescent males. Furthermore, such injuries are preventable and an unnecessary burden on health care facilities and the South African economy in general.

Areas that required further exploration and for which there were no data were the long-term costs of treating children with serious injuries and permanent disabilities and the 'hidden' costs to children, their families and their communities when breadwinners and caregivers died.

## 6. The communication and advocacy strategy

A crucial part of any policy research process is to ensure that the research process and its findings are supported by a carefully constructed communication and advocacy strategy to facilitate maximum impact. This requires that researchers at the outset identify the potential impact of the research, and identify the relevant audiences to whom the research results must be communicated. Strategies need to be developed to ensure that the research results are packaged, communicated and distributed in such a way that allows the target audiences to understand the results and its usefulness, and utilise the research results towards a particular end.

The main strategies used in translating the research on firearm injuries to children for the policy domain were based on ensuring effective packaging and communication of the research results and forging strategic collaborations with civil society organisations and the government bodies working together towards stricter firearms control.

The principles underlying our communication and advocacy strategy were that:

- *Good data* from a credible academic institution would carry weight with the parliamentarians.
- *Teaming up with* service providers who treated children with gunshot injuries would provide the real picture behind the statistics.
- *Highlighting the plight of children as innocent victims of violence* would stir the emotions of politicians and persuade them to want to do 'the right thing'. Emphasis had to be placed on *children's rights* and specifically on their right to life, health and safety.
- *Forming a strategic alliance* with the GCA would increase the chances of our research and key messages being taken up by partner organisations, thus ensuring wider dissemination and use.
- *Focusing on a limited number of key messages* relating to areas in the Bill that we most wanted to change – these being the areas in the Bill that could potentially benefit children and their caregivers the most – would be more effective rather than trying to cover all the areas in the Bill superficially.

The four areas that the CHPI focused on were:

- the *age* at which firearms could be acquired (we called for the age to be increased from 18 to 25 years),
- the *criteria* applied for approving a firearm *license* application. We recommended that it should be made stricter to ensure the disqualification of persons with a tendency towards violence (including domestic violence and sexual violence) or alcohol or drug abuse,
- the *number* of firearms that an individual could own, by recommending that it be restricted to one per individual, and
- improving safe *storage* of firearms in the home.

By making legal amendments to reflect these recommendations, firearm injuries to children could be reduced by shrinking the pool of civilian-owned guns (which would reduce the pool of illegal guns acquired through theft of legally-owned firearms), and by preventing guns from being kept outside safes, where children had easy access to them.

The research findings were communicated quite widely to the range of stakeholders depicted in the diagram on page 7. The aim of such wide communication was to increase the general information base in this area, as well as to ensure that the findings could be used directly in the policy reform process by government and civil society stakeholders who were working towards stricter gun control. The research findings were communicated in different formats during the different stages of the legislative process.

### **Stage 1 (March 1998 – July 1999)**

The CHPI finalised the research report on firearm-related injuries and deaths among children in March 1998. At that stage, the government executives (the Executive) were busy finalising the policy that would inform the drafting of the law. This involved the collection of statistics and research necessary to back up the policy shift towards stricter gun control. During this stage of the process, the CHPI concentrated on communicating with the researchers and civil society stakeholders that were working with the Executive, as well as with the Executive policy-makers themselves. The following communication products were developed and distributed:

- The formal *research report* was distributed to a more research-orientated, academic audience. It was also distributed to key organisations involved in anti-gun advocacy.
- Two *articles* were published in the *South African Medical Journal*, a peer-reviewed journal targeted at a more academic audience. One of these articles is referenced in the government's "fact book on firearms" that was launched by the Executive at the start of the Firearms Control Act process in Parliament (Chetty 2000:62). This fact book contained a summary of all research in the country on firearms use and distribution and was used by government to justify its policy on stricter gun control.
- A two-page, simply-written, *fact sheet* on the research results was distributed to academics, service providers, parliamentary and other decision-makers.

### **Stage 2 (July 1999 – May 2000)**

The Executive was putting the final touches to the Bill during this time. It was therefore important to continue engaging with the Executive while at the same time working with civil society and parliamentary role players to prepare for the parliamentary phase of the law reform process. The focus was therefore on developing key law reform recommendations, linking these to the research findings, and producing information in much more accessible formats that could be widely communicated.

As the law reform process gained momentum, the CHPI advocacy officer began networking with the GCA to develop and strengthen the key law reform recommendations by the CHPI. GCA meetings were held every two weeks and the meetings concentrated on dividing the work between the various member organisations.

The meetings allowed for discussions on key law reform recommendations that were important to the different sectors to encourage all members to understand and support each other's areas of concern. Appropriate collective responses to the latest developments in the law reform process were discussed and formulated.

During this time, the CHPI advocacy officer packaged the research findings and key law reform recommendations into easily-digestible formats to make it accessible to civil society stakeholders, service providers, the media, the general public and members of Parliament (MPs). These communication outputs included:

- *Colloquial articles* written for children's sector and health sector popular journals and newsletters. By reaching service providers and NGOs working in the area of child well-being and health, it alerted them to the policy process that was underway, thereby enabling them to participate in the process.
- Several *workshop and conference presentations* made at the request of a range of civil society organisations.
- A *written submission* made to the Secretariat for Safety and Security when the draft Bill was published for comment in late 1999, outlining how gun violence affects children and advocating in support of the new law, with suggested improvements to the draft Bill.
- An *advocacy workshop* convened by the CHPI and the GCA for organisations and service providers working in the area of children and violence in Cape Town. The organisations were presented with information on the law reform process and the research findings, and trained on how to write a submission to Parliament.
- Follow-up *legal and advocacy advice* provided by the CHPI advocacy officer and the GCA office to children's sector organisations who wanted to write submissions on the draft Bill. Organisations that attended the workshop and that subsequently sent written submissions to Parliament included the Child Accident Prevention Foundation of Southern Africa (CAPFSA), the Trauma Unit of the Red Cross Children's Hospital, Resources Aimed at the Prevention of Child Abuse and Neglect, the Human Rights Committee, the Child and Family Unit at the Red Cross Children's Hospital and the Western Cape Street Children's Forum.
- The CHPI advocacy officer encouraged workshop participants and colleagues and their children to write short letters to Parliament expressing their support for stricter gun control.

### **Stage 3 (June 2000 – September 2000)**

The Bill was introduced in Parliament in May 2000 and the process started in earnest in June that year with a week of public hearings on the Bill. Parliament invited and heard submissions from over 30 individuals and organisations at these hearings. Submissions in support of stricter gun control included the following organisations:

- Business Against Crime,
- Centre for the Study of Violence and Reconciliation,
- Child Accident Prevention Foundation of Southern Africa,
- Child Health Policy Institute at University of Cape Town,
- Commission on Gender Equality,

- Diepkloof Youth Against Crime,
- Disabled People South Africa,
- Gun Control Alliance (representing 800 individuals and organisations),
- Institute for Social and Health Sciences at the University of South Africa,
- Network Against Violence Against Women,
- Policing Programme at the University of the Witwatersrand,
- South African Council of Churches,
- Southern African Catholic Bishops' Conference,
- Soweto Region of Justice and Peace,
- Trauma Unit at the Red Cross Children's Hospital,
- Women Against Community Abuse Advice Centre, and
- Women's Health Project of the Medical Research Council of South Africa.

Submissions in favour of stricter gun control came from various sectors. There were approximately seven submissions from organisations working with children. The CHPI was responsible for facilitating the children's sector response.

Submissions from the pro-gun lobby, who were opposing the Bill, included:

- Confederation of Hunters Associations of South Africa,
- Pretoria Arms and Ammunition Association,
- South African Arms and Ammunition Collectors' Association,
- South African Arms and Ammunition Dealers Association,
- South African Gun Owners Association,
- Transvaal Agricultural Union, and
- Superior Arms and Ammunition (Pty) Ltd.

During this stage, the CHPI was involved in the following activities and outputs:

The CHPI presented a *written and oral submission* to the parliamentary Portfolio Committee on Social Development in June 2000. The CHPI research, along with two other studies<sup>2</sup> and case studies from media reports, formed the core of the Child Health Policy Institute's submission.

The detailed written submission was followed up with a punchy oral submission that concentrated on presenting hard facts from the CHPI research and the two other studies, as opposed to anecdotal or emotional motivations which tended to form the basis of some of the pro-gun submissions. At the end of our oral submission the committee chairperson expressed his thanks in the following way: "*This is the first submission that is clear and coherent and based on some facts, rather than filled with a lot of emotional waffling*".

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<sup>2</sup> The *National Non-natural Mortality Surveillance System*, a National Crime Prevention Strategy initiative, was started at the beginning of 1999. It collates information from 10 mortuaries in five provinces. Provisional data for January to June 1999 showed that of 6,188 deaths, 10.6% were fatal injuries to children under 18 years. Over half of the children died from fatal accidents such as traffic accidents, burns, falls, poisoning, etc. A quarter died from murder. Nearly half of the murders were the result of a firearm. The *Child Accident Prevention Foundation of Southern Africa (CAPFSA)* had been keeping a record of the number of children treated for gun shot wounds at Red Cross Children's Hospital over a period of 10 years. Each year a short synopsis of the cases was produced.

Given that professionals like medical doctors hold good credibility with politicians, the CHPI formed an alliance with the head of the Trauma Unit of South Africa's famous Red Cross Children's Hospital and supported his oral submission to the Portfolio Committee. The presentation included visual material of children injured by firearms. This scientific evidence of the damage that a bullet can cause to a small child's bones and muscles made a noticeable impression on the members of Parliament.

The CHPI contribution to the public hearings on the draft Firearms Control Bill received *wide media coverage*. Extracts of the CHPI oral submission featured on one of the country's major television stations in a prime time news bulletin on the public hearings at Parliament.

The study and key advocacy messages were reported in several *newspaper articles* and in *letters to the press*. These newspapers included the *Sowetan*, *Beeld*, *Sunday Times* and *The Sunday Independent*. Besides the CHPI media advocacy that yielded these good results, the GCA issued daily *media releases* during the week of the public hearings that included key quotes from individual alliance members, thereby maximising our exposure in the daily media.

Throughout the parliamentary process, the CHPI kept *close links* with the GCA and strategically *worked together* at every juncture.

As the parliamentary deliberations progressed, it became clear that the MPs and drafters of the Bill, who were predominantly men, were struggling to understand the submissions from the children's and gender sectors, specifically in relation to the need to restrict domestic violence and sexual offenders from qualifying for a gun license. Thus a *strategic alliance* was formed with gender activists, namely the Commission on Gender Equality and the Women's Legal Resource Centre, whom the CHPI alerted to the fact that the Bill was not strict enough on prohibiting domestic violence offenders from obtaining firearm licences. In response to this, the three organisations made a *joint submission* to the Joint Monitoring Committee on the Quality of Life and Status of Women, a gender watchdog committee within Parliament. This resulted in the chairperson of this committee joining the Portfolio Committee on Safety and Security to ensure that the necessary improvements were made to the draft legislation.

The CHPI also wrote a *letter* to the chairperson of the Portfolio Committee on Justice to alert him to the need for the new Firearms Control Bill to follow the precedent of legislation that his committee has passed in order to protect women and children from violence, specifically domestic violence and sexual offences. This resulted in discussions between the chairperson, the drafters of the Bill and the chairperson of the Portfolio Committee on Safety and Security.

## **7. The impact of the research and advocacy**

### **a. Evidence of the positive impact**

The evidence that the CHPI research and advocacy successfully contributed to the policy process is based on a number of outcomes. As mentioned before, the research findings were used in the government's "fact book on firearms" that was launched alongside the government's new policy on stricter gun control. The research findings were also used in submissions by other academic and civil society organisations. Furthermore, the research findings and key law reform recommendations received extensive media coverage.

However, the most important outcome was that 80% of the GCA (and therefore also the CHPI) recommendations were incorporated into the Bill. These included increasing the age at which a person can legally own a gun from 18-years to 21-years, introducing a strict firearms license application process that prohibits people with tendencies towards violence (including sexual and domestic violence) and drug abuse from owning a gun, and limiting ownership to one hand gun per person. This victory must be credited to the phenomenal co-ordination and mobilisation strategy of the GCA and the various research and advocacy contributions from all its members.

### **b. Factors contributing to the positive impact**

From our analysis of the CHPI contribution to the campaign, the reasons for these positive outcomes were multi-factorial. Firstly, the foresight and dedication of the CHPI researcher who initiated and conducted the research in 1998 played a large role. This was strongly influenced by the very nature of the CHPI as an organisation that specifically identified research projects that had the potential to contribute to policies that could benefit children. The merits of a research organisation that is able to produce policy-oriented evidence is self-evident.

The timely availability of the research data was crucial. As no other similar detailed research on firearm injuries and deaths of children was available when the law reform process began, the CHPI data became the 'cutting edge' data on the health effects of gun violence on children. In addition, the availability of several 'custom-packaged' products catered for the wide range of target audiences depicted in the diagram on page 7. The dedicated CHPI advocacy officer, who had knowledge and experience of tapping into parliamentary processes and who could devote considerable time and effort to advocate for the research recommendations to be incorporated into the new law, was invaluable. Her role involved attending GCA meetings, attending parliamentary committee meetings during the entire legislative process, speaking to members of Parliament during tea and lunch times, and meeting with individual MPs, members of the drafting team and the media.

The strong strategic alliance with a credible social movement, lead by the GCA, was another apparent reason for the successful impact on the proposed legislation. The reason for aligning the CHPI with the GCA was based on the fact that research – and indeed policy research – is seldom neutral. Given that the CHPI selected and conducted its research with an explicit agenda of improving the lives of children, it required taking strategic and calculated positions and aligning with partners with the same agenda. This approach to policy and law reform research lives on in the Children's Institute, the successor organisation to the CHPI. In this

case, the proliferation of guns in South Africa was clearly a threat to children's safety and their health and the evidence had to be strongly articulated within an anti-gun stance.

It is important to note that the successes of the CHPI cannot be attributed to its work alone, as the entire GCA was working towards the same recommendations. Our work was an important contribution alongside a range of contributions by many organisations and individuals committed to stricter gun control. We were thus one of the instruments in the orchestra playing in unison to achieve a common goal.

### **c. Evidence of the usefulness of the research and advocacy as described by some of the key stakeholders**

For the purpose of this case study, five key stakeholders that were engaged in the research, advocacy or in the political decision-making were interviewed about their views on the impact of the CHPI research and advocacy efforts on the legislative process.

All the key informants highlighted the importance of a sound evidence base in advocacy work. It was agreed that in the case of the Firearms Control Bill, the research of the CHPI, together with other research (e.g. CAPFSA and MRC statistics) did influence the MPs and drafters, and ultimately the content of the Bill itself. Research and strong evidence was seen as critical to changing attitudes during a process of radical law reform. In the case of the Firearms Control Bill, the research contributed to the change in perceptions and thinking about firearm violence and gun control - for example that firearm injuries were not just important in adults and youth involved in gang-related activities, but that children were increasingly affected by the rise in firearm incidents. Also that people are not killed by strangers in dark allies but by family guns, in their own homes, or in their own neighbourhoods by members of their communities.

Due to the close involvement of the CHPI advocacy officer with the GCA at the time, and because of the very prominent advocacy role that the GCA played, key informant interviewees could not always distinguish between the roles of the CHPI and the role of the GCA. The one was described as being an integral part of the other. This merging of identities is inevitable when an orchestra is playing a concerto and indeed necessary within a social movement where members of an alliance all communicate the same messages in a drive towards specific outcomes.

Below follows a few pertinent opinions about the Firearm Control Bill process, as described by the key informants that were interviewed for this case study.

*"We went into Parliament as an organisation backed by research and linked to doctors and the Red Cross Children's Hospital. These factors definitely helped ensure that our submission and opinions were viewed as credible. The evidence that we presented was not contested. Having a solid research study upon which to base our law reform recommendations also helped me personally to have the conviction to prioritise the advocacy. It is also much easier to do advocacy when you have research from your own organisation, as opposed to evidence from other sources, and you know what you are talking about. Submissions are more difficult when you go in backed by secondary research collected from other organisations. It is much easier to convince with a small piece of own core research."*

**CHPI advocacy officer**

*"You have to remove the elements of emotion and get at what is happening on the ground."*

**Co-ordinator of the  
Gun Control Alliance in the Western Cape Province**

*"It is interesting how research fills in or gives meat to community perceptions. In general, policy change must be evidence-based. Everyone can give a sob story. Statistics and research are necessary to give a proper reflection of the situation. This is true not only for the firearms case but others cases as well."*

**Head trauma surgeon,  
Red Cross Children's Hospital**

*"Data that helped parliamentarians to think through the impact of gun violence was important. I think it is important to remember that a lot of parliamentarians want to be on your side and to do the right thing but they often don't have the information they need on hand. We can have a positive impact on legislation."*

*"I think what was crucial in this case more than anything else was the role of Gun Free South Africa in organising people to contribute, making sure when submission dates were and getting submissions in on time. My experience of other policy processes has been that you need NGOs to organise you. If you don't have that, you can't lobby successfully. Overall co-ordination is important for successful lobbying, probably more than anyone's findings."*

**The research co-ordinator for trauma surveillance,  
Medial Research Council of South Africa**

*"They [Gun Control Alliance] were not influenced by political thinking."*

*"They spent a lot of time there [in Parliament]. That showed their commitment."*

*"We did not understand about a gun free society. Every time we had questions or issues that were confusing to us, they always informed us and brought things to our attention."*

*"[Sector submissions] had a huge impact on us...lot of influence... they set an example of what we need to be able to achieve. We can't be pushed by what the department says or what gun owners are looking for. The concern should be on those that do not have the resources."*

*"[The Gun Control Alliance and its members] helped shape the Bill itself."*

*"They showed the reality of the situation."*

**ANC Chief Whip on the Portfolio Committee on  
Safety and Security, the parliamentary committee  
responsible for passing the legislation.**

#### **d. Lessons learnt**

We learnt a number of valuable lessons during and beyond this process. The lessons can be summarised as follows:

1. Good and timely research can have a significant impact on the policy and law reform processes.
2. Such research has to be coupled with good communication and advocacy strategies aimed at influencing the complex policy and law reform process.
3. Providing research results through conventional means such as a 100-page research report or a peer-reviewed article is not enough. Substantial dissemination and innovative ways of communicating your message are required.
4. Good strategic alliances with other researchers and academics and civil society organisations lead to an effective synergy.
5. Advocacy supported by sound research evidence is a winning combination.

#### **e. Challenges**

It is a challenge to demonstrate a clear link between the research and advocacy, and the ultimate outcome for children in terms of a change in the incidence of firearm injuries. Given the complexity of factors that impact on the origins and extent of firearm injuries, it is impossible to demonstrate a causal link. The impact that this case study thus focused on is the immediate impact of the research on the law-making process. Even then it remains a near impossible task to unpack the eventual factors that swayed the politicians one way or another.

On this point, one thing that we do know for sure is that it is paramount to reflect on these processes soon after their completion. This case study required key role payers to reflect on the role of the CHPI and its research nearly four years later. Aside from the fact that many of the original role payers were not accessible, political role players' memories of this specific process have dimmed as they have since moved on to different portfolios where they had to deal with numerous other issues and groups since the Firearm Control Bill process in 2000.

## 8. Conclusion

The Firearms Control Bill was finally passed in 2001 but it took a further three years before it was put into effect in July 2004. Given that the Act has been in effect for less than a year at the time of writing this case study, the success of the Act's implementation cannot yet be properly gauged. Thus, the ultimate impact of this law in stemming firearm injuries in children cannot yet be commented on.

However, a follow-up study of firearm injuries to children since 1996 at the country's only children's hospital in Cape Town – where many of the children with firearm injuries in Cape Town are admitted – shows a very encouraging pattern. Whilst a general increase in children with firearm injuries between 1996 and 2000 occurred, it was very encouraging to note that the number of firearm injuries admitted to the Red Cross Children's Hospital decreased between 2002 and 2004. Exact reasons for this trend are not known, but optimists suggest that the introduction of the law and the general public and government emphasis on responsible gun ownership might be responsible.

When asked if children were perhaps treated elsewhere, hence the decrease, the head of the trauma unit at the hospital, Prof. Sebastian van As, responded by saying, "*This is the result of our combined campaign! They are not treated elsewhere, just less gun shots*". This suggests that the intense advocacy campaign for stricter gun control has resulted in greater community awareness about gun-related injuries and deaths – and thus fewer injuries to children. The large number of illegal firearms handed in at police stations during the 2005 firearms amnesty period and the drop in firearm licence applications could also indicate a shift in South Africans' attitudes towards responsible gun ownership. These changes in public attitudes should be attributed to the sustained and focused campaign of the GCA that began in 1994 and is continuing today. Besides working with government decision-makers, the GCA strategy involves mass mobilisation at a community level, thereby facilitating a sustainable shift in public attitudes.

The ultimate indicator of success will be a reduction in the number of both legal and illegal firearms in the country and a concomitant decrease in firearm injuries (in both children and adults) across the country. Given the multiple variables that could influence this scenario, it would be near impossible to ascribe a decrease in firearm injuries to the impact of the CHPI research and advocacy *per se*. It is therefore not known to what degree the actual research and advocacy ultimately swayed the policy-makers. What is known is that the research and advocacy definitely contributed greatly to informing the debate on the legislation and provided the GCA with additional, evidence-based information on which to base arguments in its submissions and advocacy activities. The cardinal message though is that research on its own is unlikely to influence the policy process. It has to be encased within a broader strategy if we want to maximise the potential impact of research on policy and law reform.

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Case study